

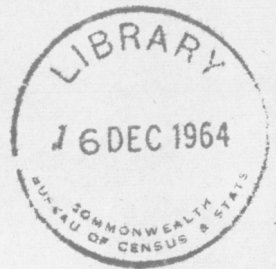
COMMONWEALTH OF AUSTRALIA.

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# INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSES OF DEATH

(1955 REVISION).



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BOOKLET FOR THE GUIDANCE OF MEDICAL  
PRACTITIONERS IN FILLING UP THE MEDICAL  
CERTIFICATES OF CAUSE OF DEATH REQUIRED  
UNDER THE VARIOUS REGISTRATION ACTS.

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S. R. CARVER,  
COMMONWEALTH STATISTICIAN.



INTERNATIONAL STATISTICAL  
CLASSIFICATION OF DISEASES,  
INJURIES AND CAUSES OF  
DEATH

10th Revision



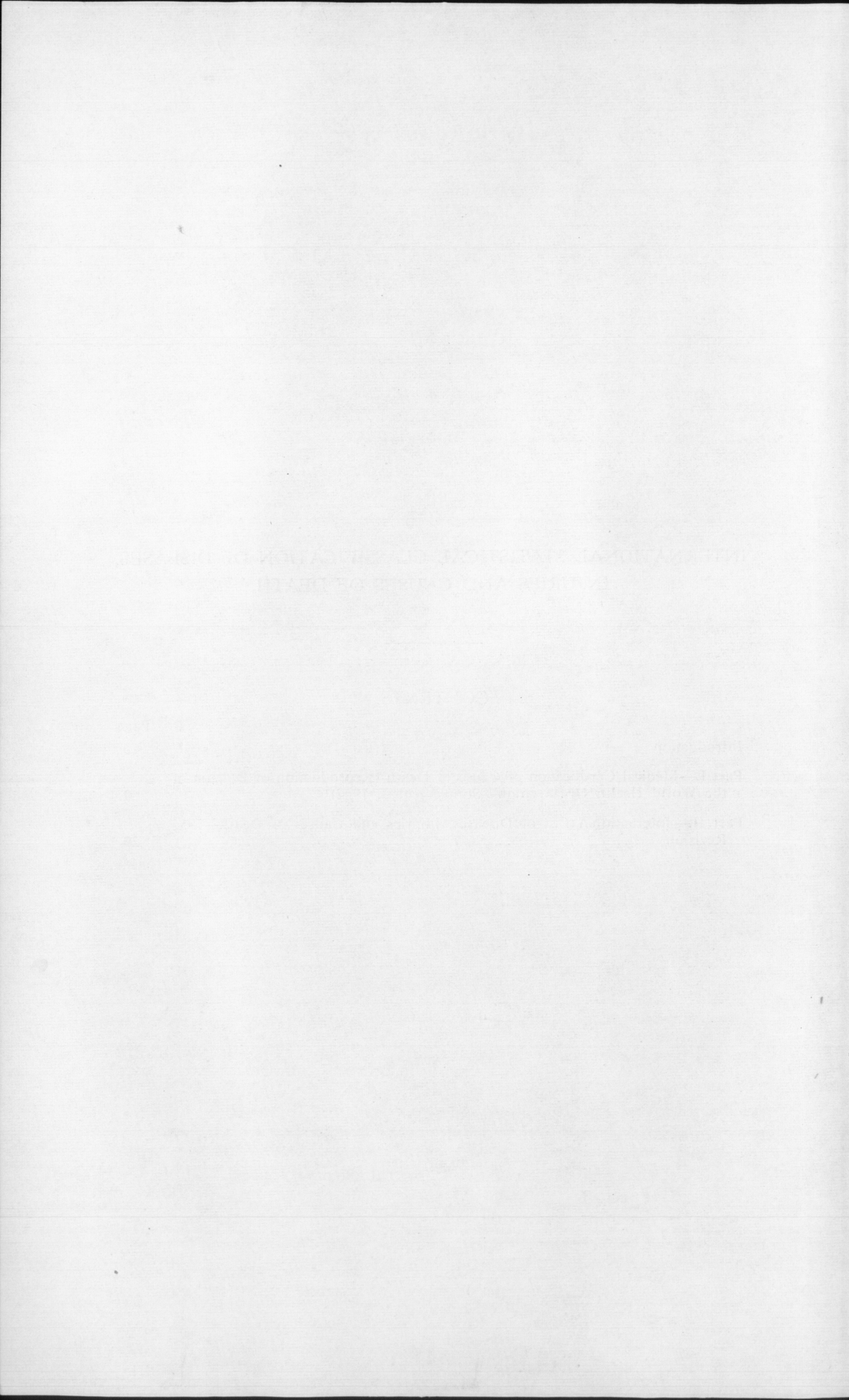
NOTE: A NEW EDITION OF THE  
INTERNATIONAL CLASSIFICATION OF  
DISEASES, INJURIES AND CAUSES OF  
DEATH, 10th Revision, is now available.

INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES,  
INJURIES AND CAUSES OF DEATH.

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## INTRODUCTION.

This booklet is a revision of a similar publication issued for the guidance of Australian medical practitioners after the introduction of the Sixth Revision of the International List of Causes of Death in Australia in 1950. The List has now been revised following recommendations made at the International Conference for the Seventh Revision of the International Lists of Diseases and Causes of Death, held in Paris in 1955.

This revision has been limited to essential changes and amendments of errors and inconsistencies. In accordance with the Conference's recommendations, no change has been made in the International Form of Medical Certificate of Cause of Death, to which the existing certificates in the various Australian States and Territories closely correspond, while the new Classification adheres to the principle of selecting the underlying cause of death as the basis of primary death tabulation.

As shown by its title, the International Statistical Classification has been designed for use in the classification of morbidity statistics as well as those of causes of death, but is considered herein only in its application to mortality statistics. Details of the Seventh Revision (1955) and of the individual causes of death and illness included under each category and sub-category are contained in "Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death", which has been published in two volumes—Volume I., the Detailed List, Tabular and Special Lists, Medical Certification and Rules for Classification, and Regulations; and Volume II., an Alphabetical Index of the diagnostic terms coded to the appropriate categories.

The Seventh Revision will be used in the preparation of statistics of causes of death in Australia commencing from January, 1958. For the information and guidance of Australian medical practitioners, particulars of the new Classification, as adapted in minor respects to Australian requirements, are shown in Part II. of this Booklet.

Also included is a reproduction, in Part I., of a bulletin, "Medical Certification of Cause of Death", which was prepared by the World Health Organization Centre for Classification of Diseases for the specific purpose of assisting physicians throughout the world in interpreting the fundamental changes made in the Sixth Revision. This pamphlet was published in 1952 and was not available for use at the time the previous Australian booklet was prepared. The World Health Organization does not propose to revise, except for possible minor editorial changes, the 1952 publication and, in view of its interest to Australian medical practitioners and its value as a guide to correct certification of causes of death, permission has been obtained for reproduction of the bulletin in full herein.

The attention of Australian medical practitioners is again drawn to the need for careful certification of causes of death according to the form prescribed in the medical certificate of cause of death. Examples of symptomatic and indefinite terms which should be avoided as far as possible are shown in Annex I to the World Health Organization bulletin reproduced in Part I. In order to enable accurate assignment of causes of death to the appropriate title or sub-title of the List, it is hoped that medical practitioners will employ, as far as possible, only those terms used in a recognized nomenclature of diseases.



Attention is also drawn to the following points in relation to special causes of death which have been found from Australian experience to be of particular importance:—

(a) *Malignant Neoplasms*.—The seat of the primary growth should be indicated in all cases where known. Malignant neoplasms of liver, bronchus, or lung should be specifically designated “primary”, “secondary” or “metastatic”, or “unknown whether primary or secondary”. In all other cases where the seat of primary growth is not known this fact should be indicated on the certificate.

It is particularly requested that terms such as “neoplasm” should not be used without qualification when intended to indicate “malignant neoplasm”.

(b) *Maternal Deaths*.—When a death occurs in a female of child-bearing age (approximately from fifteen to fifty years) from any of the causes set out in this section, a note should be made as to whether the disease process was related in any way to pregnancy. The mode of termination of the pregnancy should also be noted. It is essential for purposes of classification to know whether the onset of the disease process preceded the termination of the pregnancy, that is, whether the disease arose in pregnancy, in labour or abortion, or after delivery.

In order, therefore, that the mortality attributable to childbirth may be ascertained with precision and also to obviate subsequent correspondence, whenever a female of child-bearing age dies from one of the subjoined causes, the words “of pregnancy”, “puerperal”, “postpartum”, etc., or “non-puerperal” should be added:—

Abscess of breast.	Pelviperitonitis.
„ „ ovary.	Peritonitis.
Albuminuria.	Phlebitis.
Cellulitis.	Phlegmasia alba dolens.
Convulsions.	Pyæmia.
Eclampsia.	Pyelitis.
Embolism.	Pyelonephritis.
Endometritis.	Pyonephrosis.
Erysipelas.	Salpingitis.
Haemorrhage (uterine or unqualified).	Sapremia.
Lymphangitis.	Septicæmia.
Metritis.	Sudden death.
Metropéritonitis.	Tetanus.
Metrorrhagia.	Thrombosis.
Nephritis.	Toxaemia.
Pelvic abscess.	Uraemia.

(c) *Accidental Deaths*.—Should a practitioner have occasion to certify an injury as a cause of death, the cause of the injury should be stated (e.g., “Fractured femur, fall down stairs”).

(d) *Operations and Deaths under Anaesthetics*.—When death occurs during anaesthesia which is known to have been administered in the course of medical or surgical treatment of pre-existent disease or injury, it is classified to such causes. The disease or condition for which the operation was performed (e.g., Cholecystectomy, Cholelithiasis) or the purpose for



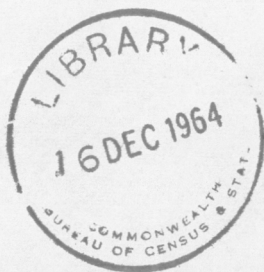
which the anaesthetic was administered (e.g., normal childbirth, or manual examination) should always be stated. Any condition which is post-operative should always be specified as such.

(e) *Immaturity*.—In the International Statistical Classification of Causes of Death provision is made for the classification of diseases of early infancy according to whether or not immaturity was a contributing factor. It is desirable, therefore, that in every case of the death of an infant an indication shall be given as to whether the child was born prematurely, stating the birth weight wherever possible.

(f) *Post-mortem Examinations*.—Should a practitioner have occasion to conduct a post-mortem examination for a coroner and be required to complete a "Report of Post-mortem Examination" the cause of death should, if practicable, be set out thereon in the same manner as that provided for in the "Medical Certificate of Cause of Death".

S. R. CARVER,  
Commonwealth Statistician.

Commonwealth Bureau of Census and Statistics,  
Canberra, A.C.T., June, 1958.



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PART I.—MEDICAL CERTIFICATION OF CAUSE OF DEATH.

(Reproduction of Bulletin of the World Health Organization—  
Supplement 3, 1952.)

*BULLETIN OF THE WORLD HEALTH ORGANIZATION*  
*SUPPLEMENT 3*

MEDICAL CERTIFICATION  
OF CAUSE OF DEATH

Instructions for Physicians  
on Use of International Form  
of Medical Certificate of Cause of Death

WORLD HEALTH ORGANIZATION

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GENEVA

1952

BULLETIN OF THE WORLD HEALTH ORGANIZATION  
SUPPLEMENT 1

# MEDICAL CERTIFICATION OF CAUSE OF DEATH

Instructions for Physicians  
on the Use of International Forms  
of Medical Certificates of Cause of Death

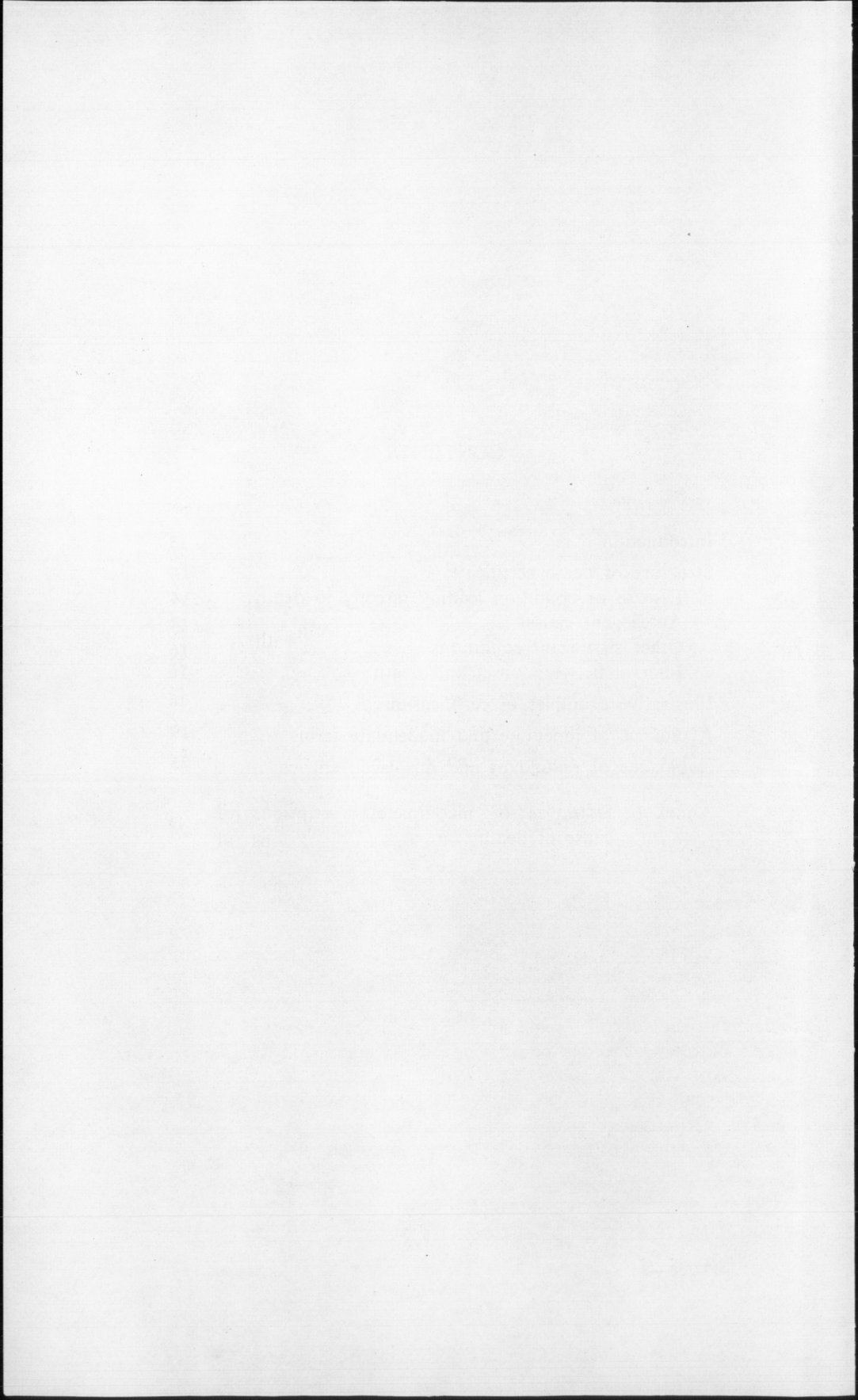
WORLD HEALTH ORGANIZATION  
GENEVA

1952

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## Introduction

What was the cause of death? Faced with the duty of trying to answer this question on a certificate, the physician or surgeon often has to ask himself, "What is meant by the cause if several morbid conditions are concerned? How can I best express what I believe on the form so as to give the statistical office what it wants? What, in fact, does it want?"

The International Form of Medical Certificate of Cause of Death prescribed by the World Health Organization calls for statements on the morbid condition directly leading to death, the conditions antecedent to it, the underlying cause of death, and contributory conditions not related to the direct or antecedent causes. In order to obtain correct, factual data on the distribution of diseases, it is essential that the certifiers in each country where vital statistics on causes of death are collected should realize what is required of them in using the international form of certificate. The World Health Organization is issuing the present publication upon recommendation of its Expert Committee on Health Statistics.<sup>1</sup> This booklet, prepared by the WHO Centre for Classification of Diseases, is intended to assist physicians and surgeons in understanding the concepts involved and to guide them in writing death certificates.

With a view to making uniform the procedure for tabulating statistics and enhancing their usefulness as instruments of research, the Sixth Decennial International Revision Conference, meeting in Paris in 1948, agreed that the cause of death to be tabulated should be the *underlying cause*, defined as "(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury".<sup>2</sup> To ensure uniformity in application of this principle, the Revision Conference designed the International Form of Medical Certificate of Cause of Death.

The use of this form places upon the certifier the responsibility of indicating the course of events, since he is in a better position than anyone else to decide which condition led directly to death and what antecedent conditions, if any, gave rise to the direct cause. It is a new principle in mortality statistics that they shall represent, as nearly as possible, the opinion of the doctor who knew or saw the patient as to what was the underlying cause of death; previously, automatic precedence of one

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<sup>1</sup> World Hlth Org. techn. Rep. Ser. 1950, 5, 5

<sup>2</sup> World Health Organization (1948) *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*, Geneva, 1, 345

condition over another was often given regardless of the sequence in which they were recorded on the death certificate.

Certificates stating only a single condition seldom present difficulties. Such certificates, however, form a diminishing proportion of the total, owing to various factors, or combination of them, such as the rapidly decreasing incidence and fatality in many countries of acute infectious diseases, the rising average age at death, and the increasing proportion of deaths from multiple chronic conditions. When several conditions are present at death, the classification of cause of death according to the one or the other condition now largely depends upon the order in which the certifier enters them on the certificate. Therefore, if the certifier fails, through misunderstanding the arrangement of the form, to express his views adequately and accurately as to which was the underlying cause of death, the resultant statistics will register his opinions incorrectly. For this reason it is more important than ever that the physician write the various conditions he considers worth mentioning in such a manner as to convey correctly to the statistical office his opinion concerning the role played by each.

### Structure of Death Certificate

The International Form of Medical Certificate of Cause of Death (see fig. 1) consists of two parts, designated I and II. Part I is subdivided into (a), (b), and (c), providing space for entries on the direct cause of death (a) and antecedent causes (b) (c).

#### Disease or condition directly leading to death

First, enter on line I (a) of the form the condition which was the direct cause of death. This entry does *not* mean the mode of dying (e.g., heart failure, respiratory failure), which should not be stated at all since it is no more than a synonym for the fact that death occurred and provides no useful information. It means the disease, injury, or complication which directly preceded death. It can be the sole entry on the certificate if only one condition was present at death, or it may be a complication, such as peritonitis, toxæmia, or septicaemia; in the case of violent deaths, it is the injury resulting from external causes. There must always be an entry on line I (a).

#### Antecedent causes

Next, consider whether the direct cause arose as a consequence of any antecedent disease or injury of which it was a complication or delayed result. Was there an intermediate step, or stage, between normal health and the development of the direct cause of death?

Fig. 1

## INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH		Approximate interval between onset and death
I		
Disease or condition directly leading to death *	(a) ..... due to (or as a consequence of)	
Antecedent causes	(b) ..... due to (or as a consequence of)	
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(c) .....	
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	..... ..... .....	
<p>* This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		

*Antecedent cause entered in I(b)*

The condition, if any, to be entered on line (b) must be considered to have been antecedent to the direct cause both in respect of time and of etiological or pathological relationship, the direct cause being "due to" it or "as a consequence of" it. If it is believed to have prepared the way for the direct cause by damage of tissues or impairment of function, a condition can be entered as antecedent even though a long interval of time has elapsed since its onset or since the occurrence of symptoms from it. In the case of an injury, the form of external violence or accident producing it is antecedent to the injury described in I(a) and can properly be entered in I(b) although the two events are almost simultaneous. Hypothetical constitutional states or factors which may have preceded, or predisposed to, a well-defined disease should not be entered as antecedent cause.

*Antecedent cause entered in I(c)*

Before an antecedent condition is entered in I(b), it must be considered whether there was any other condition antecedent to it in the same sense as described above, and, if so, whether this antecedent condition was the starting point in the chain of related events leading to the direct cause. In that case the starting point of the whole series should be entered in I(c) and the most important of the intervening conditions on line I(b).



On no account must the starting point of the sequence be entered in part II because of lack of space for it in part I.

*No antecedent cause*

If it is thought that there has not been any antecedent condition as defined above, lines I (b) and I (c) are left blank.

*Underlying cause, for tabulation*

Provided the instructions have been carried out correctly, the *underlying cause*, to be used as the basis for statistics, will depend upon the condition entered on the lowest line of part I of the form, namely

*in case of :*

Initial cause in I (c)	two antecedent conditions in etiological and chronological sequence
Initial cause in I (b)	no intervening step between the initial and direct causes of death
Direct cause of death in I (a)	no antecedent causes worth mentioning.

**Other significant conditions**

After completing part I, the certifier must consider whether there was any other condition which, though not in the causal sequence in part I, contributed something to the fatal outcome. If so, this can be entered in part II. Such a condition must not be related to the direct cause of death. Entry here may be made of normal pregnancy, if it is thought to have contributed anything to the fatal issue, or of a chronic disease in a person who died from an accidental injury.

**Interval between onset and death**

Where the interval between reputed onset of each condition entered on the certificate and date of decease is known, even approximately, it should be entered in the column provided for the purpose. This information will provide a useful check on the sequence of causes in part I, as well as information about the duration of illness for certain diseases.

**Illustrative Examples of Certification**

*Case 1*

Child dying of toxæmia in an attack of diphtheria. It is sufficient to certify as follows :

I (a) Diphtheria . . . . . 4 days



*Case 2*

Child dying of pneumonia following measles. The direct cause of death is pneumonia, and measles is antecedent both in time and causal relationship.

I (a) Pneumonia . . . . .	6 days
(b) Measles . . . . .	3 weeks

The underlying cause is measles.

*Case 3*

Adult dying of peritonitis resulting from perforation of a duodenal ulcer, an epithelioma of the skin also being present.

I (a) Peritonitis . . . . .	2 days
(b) Perforation of duodenum . . . . .	4 days
(c) Duodenal ulcer . . . . .	6 months
II Epithelioma of skin of cheek. . . . .	3 months

The underlying cause is duodenal ulcer.

*Case 4*

Elderly man dying of hypostatic pneumonia after being bedridden owing to fracture of the neck of femur caused by fall from a ladder at home.

I (a) Hypostatic pneumonia . . . . .	1 day
(b) Fracture of neck of femur . . . . .	7 days
(c) Fall from ladder at home . . . . .	7 days

The underlying cause is fall from ladder at home.

*Case 5*

Adult aged 45 dying of mitral incompetence which originated in an attack of rheumatic fever 20 years before.

I (a) Mitral incompetence . . . . .	3 months
(b) Mitral endocarditis . . . . .	20 years
(c) Rheumatic fever at age of 25 . . . . .	20 years
(no recent sign of activity)	

The underlying cause is chronic mitral endocarditis of rheumatic origin.<sup>3</sup>

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<sup>3</sup> The International Classification provides a category for this distinct from acute or subacute rheumatic mitral endocarditis.

*Case 6*

Adult dying of shock following removal of the gallbladder for cholecystitis arising from gallstones, chronic nephritis also being present.

- I (a) Postoperative shock . . . . . 3 hours
- (b) Cholecystectomy after cholecystitis . . . . . 5 hours, 6 months
- (c) Gallstones
- II Chronic nephritis

The underlying cause is gallstones.

*Case 7*

Woman dying of eclampsia immediately after prolonged labour caused by contracted pelvis, albuminuria having been observed before delivery began.

- I (a) Eclampsia after childbirth . . . . . 12 hours
- (b) Toxaemia of pregnancy (albuminuria) . . . . . 2 months
- II Contracted pelvis, prolonged labour

The underlying cause is toxaemia of pregnancy.<sup>4</sup>

*Case 8*

Elderly man dying of cerebral haemorrhage after several years' history of arteriosclerosis with symptoms suggestive of senile degeneration and enlarged prostate, but without hypertension or albuminuria.

- I (a) Cerebral haemorrhage . . . . . 2 days
- (b) Arteriosclerosis . . . . . Several years
- II Prostatic hypertrophy . . . . . 2 years

The underlying cause is cerebral haemorrhage.<sup>5</sup>

*Case 9*

The following illustrates the importance of accurately stating the sequence of morbid conditions in order to allow selection of the cause considered "underlying" by the physician.

Diabetic patient who has been under insulin control for many years suddenly dies from a degenerative heart condition. Depending on the role

<sup>4</sup> When death occurs from a toxaemia during or following delivery, it is important for purposes of classification to make clear whether it was first noticed before delivery. In the above case the underlying cause is taken as the toxaemia of pregnancy, but, in the absence of mention of that, a faulty classification to puerperal eclampsia might be made.

<sup>5</sup> In the International Classification the category for cerebral haemorrhage is not altered by mention of the other conditions, and the underlying cause is cerebral haemorrhage.

played in the fatal outcome by one or the other condition, or both, the following entries are possible :

1. Assuming that the heart condition resulted from the long-standing diabetes, the sequence would be

- I (a) Myocardial degeneration
- (b) Diabetes

and the statistical office would select diabetes as the underlying cause of death, with the heart condition as a complication causing death.

2. If the heart condition developed independently of the diabetes, the two conditions would be entered

- I (a) Myocardial degeneration
- II Diabetes

and the heart disease would be recorded as the underlying cause, with diabetes merely a contributory condition.

3. If a patient suffering from both conditions dies from some other complication of diabetes, the heart condition playing only a subsidiary part in the death, and without certainty that it arose from the diabetes at all, then the certificate should be in the form

- I (a) Coma
- (b) Diabetes
- II Myocardial degeneration.

Each of the above certificates could be correct and would not be questioned by the statistical office. In some instances, however, certificates are received in this form :

- I (a) Diabetes
- (b) Myocardial degeneration.

This is an impossible sequence since I (a) could not be "due to" I (b) ; it indicates that the physician did not understand the way in which the certificate is intended to be used. In such a case the safest course for the statistical office is to inquire from the certifier what he really meant to say. If that is not possible, the appropriate coding rule for dealing with "highly improbable" sequences has to be applied, which may not always give the answer intended by the certifier.

### Avoidance of Indefinite and Inadequate Terms

With each successive revision of the International List, the number of separate subdivisions in it has increased to meet the demands of specialists, public-health departments, and research workers. It follows that, if the

statistics relating to new subdivisions are to be of any use, increasing precision is required in the writing of death certificates in order to provide the required information. For example, cancer of the uterus formed a single category prior to 1938, when it was subdivided into (a) cancer of cervix uteri, and (b) cancer of other defined part of uterus and of uterus with part unspecified. It was found, however, that so many certificates failed to state which part of the uterus was affected that the resulting statistics for (a) were very incomplete and almost meaningless. Nevertheless, realization that causative factors for cervical and corpus cancer were different made it more important to obtain separation of the statistics, and at the 1948 Revision Conference distinct numbers were provided for cervix, corpus, and undefined uterine cancer. Countries wishing to obtain meaningful statistics had no alternative but to inquire which part was affected from certifiers who neglected to state it, a procedure involving the sending of thousands of letters annually.

This is an example of what happens when a certifier gives inadequate, partial, or vague information about causes of death which are of interest to research and public-health workers; the statistical office would fall short in fulfilling one of its important functions if it did not try to obtain the required information even at the cost of causing additional work and some annoyance to many doctors. It would be almost as easy to write carcinoma of the cervix uteri on a certificate as to write cancer of uterus, or to write meningococcal meningitis instead of cerebrospinal meningitis, or acute nephritis instead of nephritis, or biliary calculus instead of calculus. The physician cannot always know by instinct, however, what detail is required by the statistical office for the purposes of the International Classification; to aid him, a list of the more important inadequate descriptions is given in Annex I. It is not exhaustive, but consultation of this list by certifiers would eliminate the need for many thousands of inquiries from the statistical office, or, in countries where such inquiries are not sent, would greatly improve the quality and usefulness of the mortality statistics.

The principal deficiencies found on death certificates, with some common examples of each, follow :

1. The term describes a symptom which may arise from diseases classified under several different headings of the International List—e.g., ascites, convulsions, diarrhoea, haematemesis, jaundice, paralysis, toxæmia. There is no objection to such terms, provided they are further explained or elaborated.

*Examples :*

Ascites in I (a) with alcoholic cirrhosis of liver in I (b)

Epileptic convulsions; eclamptic convulsions



Diarrhoea of unknown cause

Haematemesis in I (a) with gastric ulcer in I (b)

Epidemic infectious jaundice; haemolytic jaundice; homologous serum jaundice; obstructive jaundice in I (a) with gallstone in I (b)

Bell's paralysis; progressive muscular paralysis; spastic paralysis due to cerebral injury at birth; paralysis of glottis; paralysis agitans

Toxaemia in I (a) with hepatitis of pregnancy in I (b); nephritic toxaemia

2. The term describes a morbid condition which could result from several types of infection or poison. The certifier may suspect the causative agent but, being uncertain of it, may purposely omit it from the certificate; or he may be sure of the cause but think it unnecessary to state it. It is not possible for the statistical office to distinguish these two reasons for the unsatisfactory entry, and inquiries may have to be sent in all instances of this kind where classification is uncertain; or, failing that, the death has to be assigned to a residual group when it really belonged to a specific and important category. Many useless inquiries will be saved if the words "cause unknown" are entered after such terms when the certifier has been unable to make a more complete diagnosis.

*Examples :*

Dysentery—might be bacillary, amoebic, other protozoal

Encephalitis—might be acute infectious, tuberculous, post-vaccinal, post-infectious, etc.

Meningitis—might be meningococcal, tuberculous, influenzal, streptococcal, etc., all differently classified

Neuritis—might be post-diphtheritic, rheumatic, beriberi, alcoholic, arsenical, traumatic, lead poisoning, etc., all differently classified

Osteomyelitis—might be tuberculous, staphylococcal, traumatic, etc.

3. The term may connote any of several morbid conditions having distinctive categories in the International Classification. Addition of an adjective often suffices to produce useful statistics of the varieties.

*Examples :*

Bronchitis—acute, chronic, asthmatic, capillary, emphysematous

Goitre—simple, nodular, toxic (exophthalmic)

Nephritis—acute, subacute, chronic, arteriosclerotic

Pneumonia—influenzal, bronchopneumonia, lobar, hypostatic, embolic, chronic interstitial, atypical, neonatal

Rheumatism—chronic osteo-arthritic, chronic muscular, subacute articular, gonococcal

4. The disease is generally localized, and the International Classification subdivides it according to the organ or part of the body affected, but



the certifier fails to give that information—e.g., tuberculosis, late syphilis, aneurysm, benign and malignant neoplasm, boil, cellulitis, varicose veins, ulcer of intestine, peripheral neuritis, endocarditis.

For malignant neoplasm it is necessary to know what was the site of primary growth, even though removed long before death, if secondary or metastatic growths were the cause of death. If the primary site is unknown, that should be stated. For neoplasms of liver, lung, and lymph glands, it should be stated whether believed to be primary or secondary. For neoplasms of mouth, throat, intestine, and uterus, the point of origin should be described as specifically as possible. For neoplasms of bone, the kind of tissue—e.g., marrow, osseous tissue—from which it was believed to originate should be stated. The histological type should also be named in all cases where known.

5. The morbid condition is one which requires for its classification a knowledge of the circumstances in which it arose in addition to the diagnosis.

*Examples :*

Abortion—whether spontaneous, induced by the woman herself, by others for therapeutic or other reasons ; whether accompanied by sepsis or toxæmia

Accidents—whether in the course of work ; whether on a traffic highway, public place, at home, farm, mine, or other place ; whether deceased was a pedestrian, cyclist, occupant of a motor or other vehicle ; type of vehicles involved if a road accident, and whether collision occurred ; whether on a ship or boat, aeroplane or railway ; whether due to machinery, fire, explosion, fall, blow, poison, electric current, therapeutic misadventure, etc. Nature of injury and part of body injured

Anaesthesia—purpose of administration and, if for operation, reason for operation ; nature of anaesthetic

Childbirth and pregnancy—whether delivery had occurred and whether morbid condition was present during pregnancy or originated during or after delivery

Congenital causes—if the underlying cause was a congenital condition, it should be so stated

Operations—Caesarian section and use of instruments in parturition or abortion should be mentioned when death resulted during or after delivery. In the case of an operative fatality, the reason why the operation was performed, whether for diagnostic or therapeutic purposes, should always be stated, and, if the latter, what was the condition being treated

Prematurity—The weight of the infant at birth should be stated, and whether a single or multiple delivery. Any pathological condition

known to be present should be stated if important as a cause of death

Vaccination, inoculation—When death followed, the reason for inoculation, whether preventive or therapeutic, and interval before death should be stated

### Avoidance of Redundant and Misplaced Entries

No useful purpose is served by stating that there was collapse, exhaustion, syncope, or myocardial failure at the moment of death; it is not correct to enter such modes of dying on the first line of the certificate as the direct cause of death, nor should they be entered anywhere. The writing on the form of a large number of causes and symptoms which do not affect the classification merely tends to confusion. Certifiers should consider first whether a single succinct description will give the information necessary for classification, after taking account of what has been said in the previous sections, and of the list of inadequate terms in Annex I.

A disease or condition not in the pathological sequence leading to the direct cause should not be entered in part I. Occasionally two independent diseases may be thought to have contributed equally to the fatal issue, and in such an unusual case they may be entered on the same line, leaving the selection to be made by rules of precedence. With that exception, any significant morbid condition not in the direct sequence should be entered in part II, even though it may have been a by-product at some point in the main sequence in part I—e.g., I (a) Cerebral haemorrhage; (b) Arteriosclerosis; II Gangrene.

The interval between reputed onset and death for the condition entered on line I (a) should never exceed that for the condition on line I (b) or I (c); nor should the interval for I (b) exceed that for I (c). This check will make sure that the sequence in part I proceeds upwards, and not downwards through a misunderstanding of the instructions.

## Annex I

# EXAMPLES OF INCOMPLETE DESCRIPTIONS OF CAUSE OF DEATH

Term	Additional information needed for satisfactory coding according to International Classification
Abortion	Spontaneous or induced and reason if induced; period of gestation; whether sepsis or toxæmia
Abscess	Site and cause (e.g., tuberculous)
Anaemia	Variety if primary; cause if secondary
Aneurysm	Aortic, arterial, arteriovenous, cardiac; cause if non-syphilitic
Angina	Agranulocytic, diphtheritic, faucium, streptococcal, Vincent's; pectoris
Apoplexy	Site of lesion; recent or late effects
Appendicitis	Acute, chronic, perforated
Arteriosclerosis	Whether hypertensive (benign or malignant); nature of cardiac, cerebral, and renal manifestations, if any
Arteritis	Arteriosclerotic, syphilitic; cerebral, coronary
Arthritis	Acute, gonococcal, gouty, osteoarthritic, rheumatoid, tuberculous, due to rheumatic fever
Ascites, asphyxia	Cause of the condition
Atheroma	Aorta, artery, valve of heart; cause
Boil	Site
Bright's disease	Acute, subacute, chronic
Bronchitis	Acute, chronic; asthmatic, capillary, emphysematous
Burn	Site(s) and whether by fire, explosion, hot substance, liquid, chemical, radiation
Calculus, carbuncle	Site
Cancer, carcinoma	Site of primary if known, otherwise sites of secondary; part where it originated if of mouth, throat, intestine, uterus; histological type if known
Cardiac debility, failure, dilatation	Disease causing the condition
Cardiovascular disease	Whether hypertensive; coronary or renal involvement
Carditis	Endo-, myo- or peri-carditis; acute, rheumatic
Caries, cellulitis	Cause; part affected
Cerebral effusion	Cause
Cerebrospinal meningitis	Meningococcal, tuberculous, or other cause
Childbirth	Complication and whether apparent before delivery
Chorea	Rheumatic, Huntington's, gravidarum
Cirrhosis of liver	Cause (e.g., alcoholic)
Convulsion, croup	Cause of condition
Crushing	Whether fracture, internal injury; external cause

Term	Additional information needed for satisfactory coding according to International Classification
Curvature of spine	Cause; congenital or acquired
Cyst	Site; congenital, multiple, hydatid, dermoid, retention
Debility, dementia	Disease causing the condition
Dermatitis	Variety
Diabetes	Complication or independent disease causing death
Diarrhoea	Cause if known
Dysentery	Bacterial, amoebic, other protozoal
Eclampsia	Cause, and whether apparent before delivery
Embolism	Site and cause; associated childbirth or abortion
Encephalitis	Acute infectious, late effect of infectious; postvaccinal, postexanthematous, idiopathic, meningococcal, suppurative, tuberculous
Endocarditis	Acute or chronic; rheumatic or sclerotic; if rheumatic, whether rheumatic fever was present at death
Endometritis	Whether puerperal infection
Fits	Apoplectic, epileptic, eclampsia, hysteria
Fracture	Bone; part of skull or femur; compound; external cause
Gangrene	Site and cause; diabetic, gas bacillus, senile
Gastritis	Cause of the condition
General paralysis	Of insane, or disease causing the condition
Glioma	Variety if known; site
Goitre	Simple or toxic; diffuse or nodular
Haematemesis	Disease causing the condition
Haemoptysis	Whether tuberculous
Haemorrhage	Site and cause
Hemiplegia	Cause of lesion if known, and whether old standing
Hepatitis	Acute infective, chronic, alcoholic, of newborn, of pregnancy, puerperal, post-immunization, post-transfusion
Hydrocephalus	Congenital, tuberculous, or other cause
Hypertension	Benign or malignant; whether associated arteriosclerosis, cerebrovascular, cardiac, or renal manifestation
Immaturity	Cause if known; gestation period; birth weight; associated abnormality or disease if any
Influenza	Complications if any
Injury	Nature of injuries and parts of body injured; whether accident, suicide, homicide, war injury; place and circumstances of accident
Insanity	Form of mental disorder; direct cause of death; underlying congenital condition, cerebral disease, arteriosclerosis, syphilis
Jaundice	Catarrhal, epidemic, haematogenous, obstructive spirochaetal, toxic; cause of obstruction or toxæmia if any, and whether following birth (infant), pregnancy or childbirth (mother), inoculation or transfusion. Avoid ambiguous term "malignant" jaundice



Term	Additional information needed for satisfactory coding according to International Classification
Laryngitis	Acute, chronic, tuberculous
Leukaemia	Lymphatic, myeloid, monocytic
Lymphadenitis	Cause (e.g., tuberculous, septic wound)
Lymphoma	Hodgkin's disease; Brill-Symmer's disease
Malaria	Benign tertian, malignant tertian, quartan, ovale, blackwater fever, recurrent induced
Malformation	Congenital or acquired; type and organ involved
Malignant neoplasm	See Cancer
Malnutrition	Congenital, or due to deprivation, disease, lack of care (infant)
Marasmus	Cause of the condition
Meningitis	See Cerebrospinal meningitis
Metritis	See Endometritis
Myocarditis	Acute rheumatic; acute non-rheumatic, chronic rheumatic; other chronic (but avoid the term as description of degeneration of the myocardium)
Neoplasm	Benign or malignant; type and location; if malignant <i>see</i> Cancer
Nephritis	Acute; subacute, with oedema; chronic. Infective or toxic cause if known. Associated hypertension, arteriosclerosis, heart disease, pregnancy, if any
Neuritis	Location; cause (e.g., alcohol, lead, rheumatism)
Obstruction of intestine	Cause (e.g., cancer, congenital stenosis, foreign body, gall-stone, hernia, paralytic following operation for stated condition)
Oedema of lungs	Acute; hypostatic; secondary to heart disease or failure; with hypertension
Old age	Disease which hastened death, if any was present
Operation	Reason why performed; if therapeutic, what was underlying cause of condition for which operation was performed; if non-therapeutic, how operation caused death (e.g., anaesthetic)
Organic disease	Nature and location of the disease
Paget's disease	Whether of bone, breast, or skin
Paralysis, paresis	Cause and site of lesion, and precise form (e.g., acute ascending, agitans, amyotrophic, due to birth injury, due to cerebral vascular lesion, general of insane, of glottis, infantile, lead, Landry's, of specified nerve, hysterical)
Paraplegia	Spastic due to birth injury; due to cerebral lesion; due to spinal lesion
Parkinsonism, Parkinson's syndrome	Whether paralysis agitans is meant, or a late effect of acute infectious encephalitis
Pelvic abscess	Cause of the condition; whether due to puerperal or post-abortive infection
Perimetritis	
Peritonitis	
Phlebitis	
Phthisis	Whether tuberculosis, pneumoconiosis, or both

Term	Additional information needed for satisfactory coding according to International Classification
Pneumoconiosis	Asbestosis, byssinosis, silicosis; whether of occupational origin; associated tuberculosis if any
Pneumonia	Broncho-, lobar, atypical, chronic interstitial, hypostatic, influenzal, neonatal, tuberculous, following measles
Pneumothorax	Cause of the condition
Pregnancy	Complication causing death ( <i>see also</i> Abortion, Childbirth)
Puerperal fever	Type of infection, and whether embolism, phlebitis, thrombosis, septicaemia. Avoid use of the term for post-abortive infection
Reticulosis	Reticulosarcoma; reticulo-endotheliosis; lymphoid follicular reticulosis
Rheumatic fever	Distinguish heart affections with active rheumatic fever at death from old heart lesions left by rheumatic fever
Rheumatism	Acute articular, subacute articular, muscular, gonococcal. Avoid the term for other conditions, e.g., chronic articular should be specified as rheumatoid arthritis, osteoarthritis, spondylitis, etc.
Rickets	Active, late effects (e.g., genu valgum), foetal, renal, scurvy
Rodent ulcer	Location of ulcer
Salpingitis	Acute, chronic, gonococcal, tuberculous, post-abortive, puerperal
Sclerosis	Arterial, cerebral, coronary, disseminated, spinal (lateral, posterior), renal
Septicaemia, septic infection	Cause, and site if localized. <i>See also</i> puerperal fever
Silicosis	Occupational cause; associated tuberculosis
Softening of brain	Cause (e.g., embolism). Avoid as description of dementia
Spondylitis	Ankylosing, deformans, sacro-iliac, gonococcal, tuberculous
Stenosis, stricture	Congenital; cause if acquired, e.g., burn, cancer
Stomatitis	Aphthous, diphtheritic, mycotic, herpetic, septic, Vincent's, vitamin deficiency
Suffocation	Cause, e.g., bedclothes; inhaling food, foreign body, or smoke; mechanical, submersion, during birth
Syphilis	Congenital, early or late; organ affected
Tabes	Congenital, dorsalis, juvenile. Avoid term as description of wasting condition or mesenteric tuberculosis
Tetanus	Mode of infection if known—e.g., slight injury, major injury, puerperal
Tetany	Parathyroid, rickets, convulsions
Thrombosis	Arterial (e.g., cerebral, coronary, mesenteric, pulmonary, retinal); intracranial sinus (pyogenic, non-pyogenic, late effect); post-abortive, puerperal; venous, according to site of lesion; portal
Toxaemia	Cause of the condition. If of pregnancy, distinguish albuminuria, eclampsia, hyperemesis, hepatitis, hypertension. If during or after childbirth, specify when believed to have started

Term	Additional information needed for satisfactory coding according to International Classification
Tuberculosis	Organs affected, including pleura and parts of respiratory system. Associated pneumoconiosis if present. Avoid term <i>miliary</i> and disseminated unless defined by localization—e.g., acute generalized miliary tuberculosis
Tumors	<i>See</i> Neoplasms
Ulcer	Site and cause; whether perforated
Uraemia	Cause if known—e.g., acute, subacute, or chronic nephritis; associated pregnancy or childbirth
Valvular disease	Valves affected; acute or chronic; whether rheumatic fever was present at time of death or if not whether lesion was of rheumatic origin
Yellow atrophy of liver	Cause, if known—e.g., acute infective hepatitis, post-immunization, post-transfusion, toxæmia of pregnancy or of puerperium

## PART II.—INTERNATIONAL LIST OF DISEASES, INJURIES, AND CAUSES OF DEATH—1955 REVISION.

### I.—INFECTIVE AND PARASITIC DISEASES.

#### *Tuberculosis of respiratory system.*

- 001. Respiratory tuberculosis with mention of occupational disease of lung.
- 002. Pulmonary tuberculosis.
- 003. Pleural tuberculosis.
- 004. Primary tuberculosis complex with symptoms.
- 005. Tracheobronchial glandular tuberculosis with symptoms.
- 006. Radiological evidence suggestive of active respiratory tuberculosis not classifiable elsewhere.
- 007. Other respiratory tuberculosis.
- 008. Tuberculosis, unspecified site.

#### *Tuberculosis, other forms.*

- 010. Tuberculosis of meninges and central nervous system.
- 011. Tuberculosis of intestines, peritoneum, and mesenteric glands.
- 012. Tuberculosis of bones and joints, active or unspecified.
- 013. Late effects of tuberculosis of bones and joints.
- 014. Tuberculosis of skin and subcutaneous cellular tissue.
- 015. Tuberculosis of lymphatic system.
- 016. Tuberculosis of genito-urinary system.
- 017. Tuberculosis of adrenal glands.
- 018. Tuberculosis of other organs.
- 019. Disseminated tuberculosis.

#### *Syphilis and its sequelae.*

- 020. Congenital syphilis.
- 021. Early syphilis.
- 022. Aneurysm of aorta.
- 023. Other cardiovascular syphilis.
- 024. Tabes dorsalis.
- 025. General paralysis of insane.
- 026. Other syphilis of central nervous system.
- 027. Other forms of late syphilis.
- 028. Latent syphilis.
- 029. Syphilis, unqualified.

#### *Gonococcal infection and other venereal diseases.*

- 030. Acute or unspecified gonorrhoea.
- 031. Chronic gonococcal infection of genito-urinary system.
- 032. Gonococcal infection of joint.
- 033. Gonococcal infection of eye.
- 034. Gonococcal infection of other sites.
- 035. Late effects of gonococcal infection.
- 036. Chancroid.
- 037. Lymphogranuloma venereum.
- 038. Granuloma inguinale, venereal.
- 039. Other and unspecified venereal diseases.



CAUSES OF DEATH, ETC.—*continued.**Infectious diseases commonly arising in intestinal tract.*

- 040. Typhoid fever.
- 041. Paratyphoid fever.
- 042. Other Salmonella infections.
- 043. Cholera.
- 044. Brucellosis (undulant fever).
- 045. Bacillary dysentery.
- 046. Amoebiasis.
- 047. Other protozoal dysentery.
- 048. Unspecified forms of dysentery.
- 049. Food poisoning (infection and intoxication).

*Other bacterial diseases.*

- 050. Scarlet fever.
- 051. Streptococcal sore throat.
- 052. Erysipelas.
- 053. Septicaemia and pyaemia.
- 054. Bacterial toxæmia.
- 055. Diphtheria.
- 056. Whooping cough.
- 057. Meningococcal infections.
- 058. Plague.
- 059. Tularaemia.
- 060. Leprosy.
- 061. Tetanus.
- 062. Anthrax.
- 063. Gas gangrene.
- 064. Other bacterial diseases.

*Spirochaetal diseases, except syphilis.*

- 070. Vincent's infection.
- 071. Relapsing fever.
- 072. Leptospirosis.
- 073. Yaws.
- 074. Other spirochaetal infections.

*Diseases attributable to viruses.*

- 080. Acute poliomyelitis.
- 081. Late effects of acute poliomyelitis.
- 082. Acute infectious encephalitis.
- 083. Late effects of acute infectious encephalitis.
- 084. Smallpox.
- 085. Measles.
- 086. Rubella (German measles).
- 087. Chickenpox.
- 088. Herpes zoster.
- 089. Mumps.
- 090. Dengue.
- 091. Yellow fever.
- 092. Infectious hepatitis.

CAUSES OF DEATH, ETC.—*continued.*

- 093. Glandular fever (infectious mononucleosis).
- 094. Rabies.
- 095. Trachoma.
- 096. Other diseases attributable to viruses.

*Typhus and other rickettsial diseases.*

- 100. Louse-borne epidemic typhus.
- 101. Flea-borne endemic typhus (murine).
- 102. Brills' disease, not specified as louse- or flea-borne.
- 103. Tabardillo (Mexican typhus), not specified as louse- or flea-borne.
- 104. Tick-borne typhus.
- 105. Mite-borne typhus.
- 106. Volhynian fever (trench fever).
- 107. Typhus, unspecified.
- 108. Other rickettsial diseases.

*Malaria.*

- 110. Vivax malaria (benign tertian).
- 111. Malariae malaria (quartan).
- 112. Falciparum malaria (malignant tertian).
- 113. Ovale malaria.
- 114. Mixed malarial infections.
- 115. Blackwater fever.
- 116. Other and unspecified forms of malaria.
- 117. Recurrent induced malaria.

*Other infective and parasitic diseases.*

- 120. Leishmaniasis.
- 121. Trypanosomiasis.
- 122. Other protozoal diseases.
- 123. Schistosomiasis.
- 124. Other trematode infestation.
- 125. Hydatid disease—
  - (a) Liver.
  - (b) Other organs.
- 126. Other cestode infestation.
- 127. Filariasis.
- 128. Trichiniasis.
- 129. Ankylostomiasis.
- 130. Infestation with worms of other, mixed, and unspecified type.
- 131. Dermatophytosis.
- 132. Actinomycosis.
- 133. Coccidioidomycosis.
- 134. Other fungus infections.
- 135. Scabies.
- 136. Pediculosis.
- 137. Other arthropod infestation.
- 138. Other infective and parasitic diseases.

CAUSES OF DEATH, ETC.—*continued.*

## II.—NEOPLASMS.

*Malignant neoplasm of buccal cavity and pharynx.*

- 140. Malignant neoplasm of lip.
- 141. Malignant neoplasm of tongue.
- 142. Malignant neoplasm of salivary gland.
- 143. Malignant neoplasm of floor of mouth.
- 144. Malignant neoplasm of other parts of mouth, and of mouth unspecified.
- 145. Malignant neoplasm of oral mesopharynx.
- 146. Malignant neoplasm of nasopharynx.
- 147. Malignant neoplasm of hypopharynx.
- 148. Malignant neoplasm of pharynx, unspecified.

*Malignant neoplasm of digestive organs and peritoneum.*

- 150. Malignant neoplasm of oesophagus.
- 151. Malignant neoplasm of stomach.
- 152. Malignant neoplasm of small intestine, including duodenum.
- 153. Malignant neoplasm of large intestine, except rectum—
  - (a) Caecum, appendix and ileocaecum.
  - (b) Ascending colon.
  - (c) Transverse colon, including hepatic and splenic flexures.
  - (d) Descending colon.
  - (e) Sigmoid colon.
  - (f) Multiple parts of large intestine, and large intestine (including colon), part unspecified.
  - (g) Intestinal tract, part unspecified.
- 154. Malignant neoplasm of rectum.
- 155. Malignant neoplasm of biliary passages and of liver (primary).
- 156. Malignant neoplasm of liver (secondary and unspecified).
- 157. Malignant neoplasm of pancreas.
- 158. Malignant neoplasm of peritoneum.
- 159. Malignant neoplasm of unspecified digestive organs.

*Malignant neoplasm of respiratory system.*

- 160. Malignant neoplasm of nose, nasal cavities, middle ear, and accessory sinuses.
- 161. Malignant neoplasm of larynx.
- 162. Malignant neoplasm of bronchus and trachea, and of lung specified as primary—
  - (a) Malignant neoplasm of the bronchus unspecified as to whether primary or secondary.
  - (b) Malignant neoplasm of lung specified as primary.
  - (c) Malignant neoplasm of bronchus specified as primary, and of trachea.
  - (d) Multiple sites.
- 163. Malignant neoplasm of lung, unspecified as to whether primary or secondary.
- 164. Malignant neoplasm of mediastinum.
- 165. Malignant neoplasm of thoracic organs (secondary).

CAUSES OF DEATH, ETC.—*continued.**Malignant neoplasm of breast and genito-urinary organs.*

- 170. Malignant neoplasm of breast.
- 171. Malignant neoplasm of cervix uteri.
- 172. Malignant neoplasm of corpus uteri.
- 173. Malignant neoplasm of other parts of uterus, including chorionepithelioma.
- 174. Malignant neoplasm of uterus, unspecified.
- 175. Malignant neoplasm of ovary, Fallopian tube, and broad ligament.
- 176. Malignant neoplasm of other and unspecified female genital organs.
- 177. Malignant neoplasm of prostate.
- 178. Malignant neoplasm of testis.
- 179. Malignant neoplasm of other and unspecified male genital organs.
- 180. Malignant neoplasm of kidney.
- 181. Malignant neoplasm of bladder and other urinary organs.

*Malignant neoplasm of other and unspecified sites.*

- 190. Malignant melanoma of skin.
- 191. Other malignant neoplasm of skin.
- 192. Malignant neoplasm of eye.
- 193. Malignant neoplasm of brain and other parts of nervous system.
- 194. Malignant neoplasm of thyroid gland.
- 195. Malignant neoplasm of other endocrine glands.
- 196. Malignant neoplasm of bone (including jaw bone).
- 197. Malignant neoplasm of connective tissue.
- 198. Secondary and unspecified malignant neoplasm of lymph nodes.
- 199. Malignant neoplasm of other and unspecified sites.

*Neoplasms of lymphatic and haematopoietic tissues.*

- 200. Lymphosarcoma and reticulosarcoma.
- 201. Hodgkin's disease.
- 202. Other forms of lymphoma (reticulosis).
- 203. Multiple myeloma (plasmocytoma).
- 204. Leukaemia and aleukaemia.
- 205. Mycosis fungoides.

*Benign neoplasm.*

- 210. Benign neoplasm of buccal cavity and pharynx.
- 211. Benign neoplasm of other parts of digestive system.
- 212. Benign neoplasm of respiratory system.
- 213. Benign neoplasm of breast.
- 214. Uterine fibromyoma.
- 215. Other benign neoplasm of uterus.
- 216. Benign neoplasm of ovary.
- 217. Benign neoplasm of other female genital organs.
- 218. Benign neoplasm of male genital organs.
- 219. Benign neoplasm of kidney and other urinary organs.
- 220. Benign melanoma of skin.
- 221. Pilonidal cyst.
- 222. Other benign neoplasm of skin.
- 223. Benign neoplasm of brain and other parts of nervous system.



CAUSES OF DEATH, ETC.—*continued.*

- 224. Benign neoplasm of endocrine glands.
- 225. Benign neoplasm of bone and cartilage.
- 226. Lipoma.
- 227. Other benign neoplasm of muscular and connective tissue.
- 228. Haemangioma and lymphangioma.
- 229. Benign neoplasm of other and unspecified organs and tissues.

*Neoplasm of unspecified nature.*

- 230. Neoplasm of unspecified nature of digestive organs.
- 231. Neoplasm of unspecified nature of respiratory organs.
- 232. Neoplasm of unspecified nature of breast.
- 233. Neoplasm of unspecified nature of uterus.
- 234. Neoplasm of unspecified nature of ovary.
- 235. Neoplasm of unspecified nature of other female genital organs.
- 236. Neoplasm of unspecified nature of other genito-urinary organs.
- 237. Neoplasm of unspecified nature of brain and other parts of nervous system.
- 238. Neoplasm of unspecified nature of skin and musculoskeletal system.
- 239. Neoplasm of unspecified nature of other and unspecified organs.

## III.—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES.

*Allergic disorders.*

- 240. Hay fever.
- 241. Asthma.
- 242. Angioneurotic oedema.
- 243. Urticaria.
- 244. Allergic eczema.
- 245. Other allergic disorders.

*Diseases of thyroid gland.*

- 250. Simple goitre.
- 251. Non-toxic nodular goitre.
- 252. Thyrotoxicosis with or without goitre.
- 253. Myxoedema and cretinism.
- 254. Other diseases of thyroid gland.

*Diabetes mellitus.*

- 260. Diabetes mellitus.

*Diseases of other endocrine glands.*

- 270. Disorders of pancreatic internal secretion other than diabetes mellitus.
- 271. Diseases of parathyroid gland.
- 272. Diseases of pituitary gland.
- 273. Diseases of thymus gland.
- 274. Diseases of adrenal glands.
- 275. Ovarian dysfunction.
- 276. Testicular dysfunction.
- 277. Polyglandular dysfunction and other diseases of endocrine glands.

CAUSES OF DEATH, ETC.—*continued.**Avitaminoses, and other metabolic diseases.*

- 280. Beriberi.
- 281. Pellagra.
- 282. Scurvy.
- 283. Active rickets.
- 284. Late effects of rickets.
- 285. Osteomalacia.
- 286. Other avitaminoses and nutritional deficiency states.
- 287. Obesity, not specified as of endocrine origin.
- 288. Gout.
- 289. Other metabolic diseases.

## IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.

*Diseases of blood and blood-forming organs.*

- 290. Pernicious and other hyperchromic anaemias.
- 291. Iron deficiency anaemias (hypochromic anaemias).
- 292. Other anaemias of specified type.
- 293. Anaemia of unspecified type.
- 294. Polycythaemia.
- 295. Haemophilia.
- 296. Purpura and other haemorrhagic conditions.
- 297. Agranulocytosis.
- 298. Diseases of spleen.
- 299. Other diseases of blood and blood-forming organs.

## V.—MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS.

*Psychoses.*

- 300. Schizophrenic disorders (dementia praecox).
- 301. Manic-depressive reaction.
- 302. Involutional melancholia.
- 303. Paranoia and paranoid states.
- 304. Senile psychosis.
- 305. Presenile psychosis.
- 306. Psychosis with cerebral arteriosclerosis.
- 307. Alcoholic psychosis.
- 308. Psychosis of other demonstrable etiology.
- 309. Other and unspecified psychoses.

*Psychoneurotic disorders.*

- 310. Anxiety reaction without mention of somatic symptoms.
- 311. Hysterical reaction without mention of anxiety reaction.
- 312. Phobic reaction.
- 313. Obsessive-compulsive reaction.
- 314. Neurotic-depressive reaction.
- 315. Psychoneurosis with somatic symptoms (somatization reaction) affecting circulatory system.
- 316. Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system.
- 317. Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems.
- 318. Psychoneurotic disorders, other, mixed, and unspecified types.

CAUSES OF DEATH, ETC.—*continued.**Disorders of character, behaviour and intelligence.*

- 320. Pathological personality.
- 321. Immature personality.
- 322. Alcoholism.
- 323. Other drug addiction.
- 324. Primary childhood behaviour disorders.
- 325. Mental deficiency.
- 326. Other and unspecified character, behaviour, and intelligence disorders.

## VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.

*Vascular lesions affecting central nervous system.*

- 330. Subarachnoid haemorrhage.
- 331. Cerebral haemorrhage.
- 332. Cerebral embolism and thrombosis.
- 333. Spasm of cerebral arteries.
- 334. Other and ill-defined vascular lesions affecting central nervous system.

*Inflammatory diseases of central nervous system.*

- 340. Meningitis, except meningococcal and tuberculous.
- 341. Phlebitis and thrombophlebitis of intracranial venous sinuses.
- 342. Intracranial and intraspinal abscess.
- 343. Encephalitis, myelitis, and encephalomyelitis (except acute infectious).
- 344. Late effects of intracranial abscess or pyogenic infection.
- 345. Multiple sclerosis.

*Other diseases of central nervous system.*

- 350. Paralysis agitans.
- 351. Cerebral spastic infantile paralysis.
- 352. Other cerebral paralysis.
- 353. Epilepsy.
- 354. Migraine.
- 355. Other diseases of brain.
- 356. Motor neurone disease and muscular atrophy.
- 357. Other diseases of spinal cord.

*Diseases of nerves and peripheral ganglia.*

- 360. Facial paralysis.
- 361. Trigeminal neuralgia.
- 362. Brachial neuritis.
- 363. Sciatica.
- 364. Polyneuritis and polyradiculitis.
- 365. Erythroedema polyneuritica.
- 366. Other and unspecified forms of neuralgia and neuritis.
- 367. Other diseases of cranial nerves.
- 368. Other diseases of peripheral nerves except autonomic.
- 369. Diseases of peripheral autonomic nervous system.

CAUSES OF DEATH, ETC.—*continued.**Inflammatory diseases of eye.*

- 370. Conjunctivitis and ophthalmia.
- 371. Blepharitis.
- 372. Hordeolum (stye).
- 373. Iritis.
- 374. Keratitis.
- 375. Choroiditis.
- 376. Other inflammation of uveal tract.
- 377. Inflammation of optic nerve and retina.
- 378. Inflammation of lachrymal glands and ducts.
- 379. Other inflammatory diseases of eye.

*Other diseases and conditions of eye.*

- 380. Refractive errors.
- 381. Corneal ulcer.
- 382. Corneal opacity.
- 383. Pterygium.
- 384. Strabismus.
- 385. Cataract.
- 386. Detachment of retina.
- 387. Glaucoma.
- 388. Other diseases of eye.
- 389. Blindness.

*Diseases of ear and mastoid process.*

- 390. Otitis externa.
- 391. Otitis media without mention of mastoiditis.
- 392. Otitis media with mastoiditis.
- 393. Mastoiditis without mention of otitis media.
- 394. Other inflammatory diseases of ear.
- 395. Ménière's disease.
- 396. Other diseases of ear and mastoid process.
- 397. Deaf mutism.
- 398. Other deafness.

## VII.—DISEASES OF THE CIRCULATORY SYSTEM.

*Rheumatic fever.*

- 400. Rheumatic fever without mention of heart involvement.
- 401. Rheumatic fever with heart involvement.
- 402. Chorea.

*Chronic rheumatic heart disease.*

- 410. Diseases of mitral valve.
- 411. Diseases of aortic valve specified as rheumatic.
- 412. Diseases of tricuspid valve.
- 413. Diseases of pulmonary valve specified as rheumatic.
- 414. Other endocarditis specified as rheumatic.
- 415. Other myocarditis specified as rheumatic.
- 416. Other heart disease specified as rheumatic.



CAUSES OF DEATH, ETC.—*continued.**Arteriosclerotic and degenerative heart disease.*

- 420. Arteriosclerotic heart disease, including coronary disease—
  - (a) Arteriosclerotic heart disease so described.
  - (b) Heart disease specified as involving coronary arteries.
  - (c) Angina pectoris without mention of coronary disease.
- 421. Chronic endocarditis not specified as rheumatic.
- 422. Other myocardial degeneration—
  - (a) Fatty degeneration.
  - (b) With arteriosclerosis.
  - (c) Other.

*Other diseases of heart.*

- 430. Acute and sub-acute endocarditis.
- 431. Acute myocarditis not specified as rheumatic.
- 432. Acute pericarditis specified as non-rheumatic.
- 433. Functional disease of heart—
  - (a) Without mention of arteriosclerosis.
  - (b) With mention of arteriosclerosis.
- 434. Other and unspecified diseases of heart.

*Hypertensive heart disease.*

- 440. Essential benign hypertensive heart disease.
- 441. Essential malignant hypertensive heart disease.
- 442. Hypertensive heart disease with arteriolar nephrosclerosis.
- 443. Other and unspecified hypertensive heart disease.

*Other hypertensive disease.*

- 444. Essential benign hypertension.
- 445. Essential malignant hypertension.
- 446. Hypertension with arteriolar nephrosclerosis.
- 447. Other hypertensive disease.

*Diseases of arteries.*

- 450. General arteriosclerosis.
- 451. Aortic aneurysm, non-syphilitic, and dissecting aneurysm—
  - (a) Aneurysm of abdominal aorta not specified as syphilitic.
  - (b) Other.
- 452. Other aneurysm, except of heart and aorta.
- 453. Peripheral vascular disease.
- 454. Arterial embolism and thrombosis.
- 455. Gangrene of unspecified cause.
- 456. Other diseases of arteries.

*Diseases of veins and other diseases of circulatory system.*

- 460. Varicose veins of lower extremities.
- 461. Haemorrhoids.
- 462. Varicose veins of other specified sites.
- 463. Phlebitis and thrombophlebitis of lower extremities.
- 464. Phlebitis and thrombophlebitis of other sites.

CAUSES OF DEATH, ETC.—*continued.*

- 465. Pulmonary embolism and infarction.
- 466. Other venous embolism and thrombosis.
- 467. Other diseases of circulatory system.
- 468. Certain diseases of lymph nodes and lymph channels.

## VIII.—DISEASES OF THE RESPIRATORY SYSTEM.

*Acute upper respiratory infections.*

- 470. Acute nasopharyngitis (common cold).
- 471. Acute sinusitis.
- 472. Acute pharyngitis.
- 473. Acute tonsillitis.
- 474. Acute laryngitis and tracheitis.
- 475. Acute upper respiratory infection of multiple or unspecified sites.

*Influenza.*

- 480. Influenza with pneumonia.
- 481. Influenza with other respiratory manifestations, and influenza unqualified.
- 482. Influenza with digestive manifestations, but without respiratory symptoms.
- 483. Influenza with nervous manifestations, but without digestive or respiratory symptoms.

*Pneumonia.*

- 490. Lobar pneumonia.
- 491. Bronchopneumonia.
- 492. Primary atypical pneumonia.
- 493. Pneumonia, other and unspecified.

*Bronchitis.*

- 500. Acute bronchitis—
  - (a) Without mention of asthma.
  - (b) With mention of asthma not indicated as allergic.
- 501. Bronchitis unqualified—
  - (a) Without mention of asthma.
  - (b) With mention of asthma not indicated as allergic.
- 502. Chronic bronchitis (including emphysematous bronchitis)—
  - (a) Without mention of asthma.
  - (b) With mention of asthma not indicated as allergic.

*Other diseases of respiratory system.*

- 510. Hypertrophy of tonsils and adenoids.
- 511. Peritonsillar abscess (quinsy).
- 512. Chronic pharyngitis and nasopharyngitis.
- 513. Chronic sinusitis.
- 514. Deflected nasal septum.
- 515. Nasal polyp.
- 516. Chronic laryngitis.
- 517. Other diseases of upper respiratory tract.

CAUSES OF DEATH, ETC.—*continued*.

- 518. Empyema.
- 519. Pleurisy.
- 520. Spontaneous pneumothorax.
- 521. Abscess of lung.
- 522. Pulmonary congestion and hypostasis.
- 523. Pneumoconiosis due to silica and silicates (occupational).
- 524. Other specified pneumoconiosis and pulmonary fibrosis of occupational origin.
- 525. Other chronic interstitial pneumonia.
- 526. Bronchiectasis.
- 527. Other diseases of lung and pleural cavity (including emphysema without mention of bronchitis).

## IX.—DISEASES OF THE DIGESTIVE SYSTEM.

*Diseases of buccal cavity and oesophagus.*

- 530. Dental caries.
- 531. Abscesses of supporting structures of teeth.
- 532. Other inflammatory diseases of supporting structures of teeth.
- 533. Disorders of occlusion, eruption, and tooth development.
- 534. Toothache from unspecified cause.
- 535. Other diseases of teeth and supporting structures.
- 536. Stomatitis.
- 537. Diseases of salivary glands.
- 538. Other diseases of buccal cavity.
- 539. Diseases of oesophagus.

*Diseases of stomach and duodenum.*

- 540. Ulcer of stomach.
- 541. Ulcer of duodenum.
- 542. Gastrojejunal ulcer.
- 543. Gastritis and duodenitis.
- 544. Disorders of function of stomach.
- 545. Other diseases of stomach and duodenum.

*Appendicitis.*

- 550. Acute appendicitis.
- 551. Appendicitis, unqualified.
- 552. Other appendicitis.
- 553. Other diseases of appendix.

*Hernia of abdominal cavity.*

- 560. Hernia of abdominal cavity without mention of obstruction.
- 561. Hernia of abdominal cavity with obstruction.

*Other diseases of intestines and peritoneum.*

- 570. Intestinal obstruction without mention of hernia.
- 571. Gastro-enteritis and colitis, except ulcerative, age four weeks and over.
- 572. Chronic enteritis and ulcerative colitis.

CAUSES OF DEATH, ETC.—*continued.*

- 573. Functional disorders of intestines.
- 574. Anal fissure and fistula.
- 575. Abscess of anal and rectal regions.
- 576. Peritonitis.
- 577. Peritoneal adhesion.
- 578. Other diseases of intestines and peritoneum.

*Diseases of liver, gallbladder, and pancreas.*

- 580. Acute and subacute yellow atrophy of liver.
- 581. Cirrhosis of liver.
- 582. Suppurative hepatitis and liver abscess.
- 583. Other diseases of liver.
- 584. Cholelithiasis.
- 585. Cholecystitis and cholangitis, without mention of calculi.
- 586. Other diseases of gallbladder and biliary ducts.
- 587. Diseases of pancreas.

## X.—DISEASES OF THE GENITO-URINARY SYSTEM.

*Nephritis and nephrosis.*

- 590. Acute nephritis.
- 591. Nephritis with oedema, including nephrosis.
- 592. Chronic nephritis.
- 593. Nephritis not specified as acute or chronic.
- 594. Other renal sclerosis.

*Other diseases of urinary system.*

- 600. Infections of kidney.
- 601. Hydronephrosis.
- 602. Calculi of kidney and ureter.
- 603. Other diseases of kidney and ureter.
- 604. Calculi of other parts of urinary system.
- 605. Cystitis.
- 606. Other diseases of bladder.
- 607. Urethritis (non-venereal).
- 608. Stricture of urethra.
- 609. Other diseases of urethra.

*Diseases of male genital organs.*

- 610. Hyperplasia of prostate.
- 611. Prostatitis.
- 612. Other diseases of prostate.
- 613. Hydrocele.
- 614. Orchitis and epididymitis.
- 615. Redundant prepuce and phimosis.
- 616. Sterility, male.
- 617. Other diseases of male genital organs.



CAUSES OF DEATH, ETC.—*continued.**Diseases of breast, ovary, Fallopian tube, and parametrium.*

- 620. Chronic cystic disease of breast.
- 621. Other diseases of breast.
- 622. Acute salpingitis and oophoritis.
- 623. Chronic salpingitis and oophoritis.
- 624. Salpingitis and oophoritis, unqualified.
- 625. Other diseases of ovary and Fallopian tube.
- 626. Diseases of parametrium and pelvic peritoneum (female).

*Diseases of uterus and other female genital organs.*

- 630. Infective disease of uterus, vagina, and vulva.
- 631. Uterovaginal prolapse.
- 632. Malposition of uterus.
- 633. Other diseases of uterus.
- 634. Disorders of menstruation.
- 635. Menopausal symptoms.
- 636. Sterility, female.
- 637. Other diseases of female genital organs.

## XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM.

*Complications of pregnancy.*

- 640. Pyelitis and pyelonephritis of pregnancy.
- 641. Other infections of genito-urinary tract during pregnancy.
- 642. Toxaemias of pregnancy.
- 643. Placenta praevia.
- 644. Other haemorrhage of pregnancy.
- 645. Ectopic pregnancy.
- 646. Anaemia of pregnancy.
- 647. Pregnancy with malposition of foetus in uterus.
- 648. Other complications arising from pregnancy.
- 649. Pregnancy associated with other conditions.

*Abortion.*

- 650. Abortion without mention of sepsis or toxæmia—
  - (a) Spontaneous or unspecified.
  - (b) Induced for medical or legal indications.
  - (c) Induced for other reasons.
  - (d) Other.
- 651. Abortion with sepsis—
  - (a) Spontaneous or unspecified.
  - (b) Induced for medical or legal indications.
  - (c) Induced for other reasons.
  - (d) Other.
- 652. Abortion with toxæmia, without mention of sepsis—
  - (a) Spontaneous or unspecified.
  - (b) Induced for medical or legal indications.
  - (c) Induced for other reasons.
  - (d) Other.

CAUSES OF DEATH, ETC.—*continued.**Delivery without mention of complication.*

660. Delivery without mention of complication.

*Delivery with specified complication.*

670. Delivery complicated by placenta praevia or ante-partum haemorrhage.  
 671. Delivery complicated by retained placenta.  
 672. Delivery complicated by other postpartum haemorrhage.  
 673. Delivery complicated by abnormality of bony pelvis.  
 674. Delivery complicated by disproportion or malposition of foetus.  
 675. Delivery complicated by prolonged labour of other origin.  
 676. Delivery with laceration of perineum, without mention of other laceration.  
 677. Delivery with other trauma.  
 678. Delivery with other complications of childbirth.

*Complications of the puerperium.*

680. Puerperal urinary infection without other sepsis.  
 681. Sepsis of childbirth and the puerperium.  
 682. Puerperal phlebitis and thrombosis.  
 683. Pyrexia of unknown origin during the puerperium.  
 684. Puerperal pulmonary embolism.  
 685. Puerperal eclampsia.  
 686. Other forms of puerperal toxæmia.  
 687. Cerebral haemorrhage in the puerperium.  
 688. Other and unspecified complications of the puerperium.  
 689. Mastitis and other disorders of lactation.

## XII.—DISEASES OF THE SKIN AND CELLULAR TISSUE.

*Infections of skin and subcutaneous tissue.*

690. Boil and carbuncle.  
 691. Cellulitis of finger and toe.  
 692. Other cellulitis and abscess without mention of lymphangitis.  
 693. Other cellulitis and abscess with lymphangitis.  
 694. Acute lymphadenitis.  
 695. Impetigo.  
 696. Infectious warts.  
 697. Molluscum contagiosum.  
 698. Other local infections of skin and subcutaneous tissue.

*Other diseases of skin and subcutaneous tissue.*

700. Seborrhoeic dermatitis.  
 701. Eczema.  
 702. Occupational dermatitis.  
 703. Other dermatitis.  
 704. Pemphigus.  
 705. Erythematous conditions.

CAUSES OF DEATH, ETC.—*continued.*

- 706. Psoriasis and similar disorders.
- 707. Lichen planus.
- 708. Pruritus and related conditions.
- 709. Corns and callosities.
- 710. Other hypertrophic and atrophic conditions of skin.
- 711. Other dermatoses.
- 712. Diseases of nail.
- 713. Diseases of hair and hair follicles.
- 714. Diseases of sweat and sebaceous glands.
- 715. Chronic ulcer of skin.
- 716. Other diseases of skin.

## XIII.—DISEASES OF THE BONES AND ORGANS OF MOVEMENT.

*Arthritis and rheumatism, except rheumatic fever.*

- 720. Acute arthritis due to pyogenic organisms.
- 721. Acute non-pyogenic arthritis.
- 722. Rheumatoid arthritis and allied conditions.
- 723. Osteo-arthritis (arthrosis) and allied conditions.
- 724. Other specified forms of arthritis.
- 725. Arthritis, unspecified.
- 726. Muscular rheumatism.
- 727. Rheumatism, unspecified.

*Osteomyelitis and other diseases of bone and joint.*

- 730. Osteomyelitis and periostitis.
- 731. Osteitis deformans.
- 732. Osteochondrosis.
- 733. Other diseases of bone.
- 734. Internal derangement of knee joint.
- 735. Displacement of intervertebral disc.
- 736. Affection of sacro-iliac joint.
- 737. Ankylosis of joint.
- 738. Other diseases of joint.

*Other diseases of musculoskeletal system.*

- 740. Bunion.
- 741. Synovitis, bursitis, and tenosynovitis without mention of occupational origin.
- 742. Synovitis, bursitis, and tenosynovitis of occupational origin.
- 743. Infective myositis and other inflammatory diseases of tendon and fascia.
- 744. Other diseases of muscle, tendon, and fascia.
- 745. Curvature of spine.
- 746. Flat foot.
- 747. Hallux valgus and varus.
- 748. Clubfoot.
- 749. Other deformities.

CAUSES OF DEATH, ETC.—*continued.*

## XIV.—CONGENITAL MALFORMATIONS.

*Congenital malformations.*

- 750. Monstrosity.
- 751. Spina bifida and meningocele.
- 752. Congenital hydrocephalus.
- 753. Other congenital malformations of nervous system and sense organs.
- 754. Congenital malformations of circulatory system.
- 755. Cleft palate and harelip.
- 756. Congenital malformations of digestive system.
- 757. Congenital malformations of genito-urinary system.
- 758. Congenital malformations of bone and joint.
- 759. Other and unspecified congenital malformations, not elsewhere classified.

## XV.—CERTAIN DISEASES OF EARLY INFANCY.

*Birth injuries, asphyxia, and infections of newborn.*

- 760. Intracranial and spinal injury at birth—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 761. Other birth injury—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 762. Postnatal asphyxia and atelectasis—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 763. Pneumonia of newborn—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 764. Diarrhoea of newborn—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 765. Ophthalmia neonatorum—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 766. Pemphigus neonatorum—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 767. Umbilical sepsis—
  - (a) Without mention of immaturity.
  - (b) With immaturity.
- 768. Other sepsis of newborn—
  - (a) Without mention of immaturity.
  - (b) With immaturity.



CAUSES OF DEATH, ETC.—*continued.*

## 769. Neonatal disorders arising from certain diseases of the mother during pregnancy—

- (a) Attributed to "toxaemia of pregnancy", without mention of immaturity.
- (b) Attributed to maternal diabetes, without mention of immaturity.
- (c) Attributed to maternal rubella, without mention of immaturity.
- (d) Attributed to toxoplasmosis, without mention of immaturity.
- (e) Attributed to other or unspecified diseases of the mother during pregnancy, without mention of immaturity.
- (f) Attributed to "toxaemia of pregnancy", with immaturity.
- (g) Attributed to maternal diabetes, with immaturity.
- (h) Attributed to maternal rubella, with immaturity.
- (i) Attributed to toxoplasmosis, with immaturity.
- (j) Attributed to other or unspecified diseases of the mother during pregnancy, with immaturity.

*Other diseases peculiar to early infancy.*

## 770. Haemolytic disease of newborn (erythroblastosis)—

- (a) Erythroblastosis, without mention of nervous affection or immaturity.
- (b) Kernicterus, without mention of immaturity.
- (c) Erythroblastosis with disorder of liver other than icterus gravis, without mention of immaturity.
- (d) Erythroblastosis, without mention of nervous affection but with immaturity.
- (e) Kernicterus with immaturity.
- (f) Erythroblastosis with disorder of liver other than icterus gravis, with immaturity.

## 771. Haemorrhagic disease of newborn—

- (a) Without mention of immaturity.
- (b) With immaturity.

## 772. Nutritional maladjustment—

- (a) Without mention of immaturity.
- (b) With immaturity.

## 773. Ill-defined diseases peculiar to early infancy—

- (a) Without mention of immaturity.
- (b) With immaturity.

## 774. Immaturity with mention of any other subsidiary condition.

## 775. Immaturity subsidiary to some other cause.

## 776. Immaturity, unqualified.

CAUSES OF DEATH, ETC.—*continued.*

## XVI.—SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS.

*Symptoms referable to systems or organs.*

- 780. Certain symptoms referable to nervous system and special senses.
- 781. Other symptoms referable to nervous system and special senses.
- 782. Symptoms referable to cardiovascular and lymphatic system.
- 783. Symptoms referable to respiratory system.
- 784. Symptoms referable to upper gastro-intestinal tract.
- 785. Symptoms referable to abdomen and lower gastro-intestinal tract.
- 786. Symptoms referable to genito-urinary system.
- 787. Symptoms referable to limbs and back.
- 788. Other general symptoms.
- 789. Abnormal urinary constituents of unspecified cause.

*Senility and ill-defined diseases.*

- 790. Nervousness and debility.
- 791. Headache.
- 792. Uraemia.
- 793. Observation, without need for further medical care.
- 794. Senility without mention of psychosis.
- 795. Ill-defined and unknown causes of morbidity and mortality.

## XVII.—ACCIDENTS, POISONINGS, AND VIOLENCE.

*Railway accidents.*

- 800. Railway accident involving railroad employee.
- 801. Railway accident involving passenger.
- 802. Railway accident involving other and unspecified person.

*Motor vehicle traffic accidents.*

- 810. Motor vehicle traffic accident involving collision with railway train.
- 811. Motor vehicle traffic accident involving collision with tram car.
- 812. Motor vehicle traffic accident to pedestrian.
- 813. Motor vehicle traffic accident to pedal cyclist.
- 814. Motor vehicle traffic accident to rider or passenger of motor cycle in collision with non-motor vehicle or object.
- 815. Motor vehicle traffic accident to rider or passenger of motor cycle in collision with other motor vehicle.
- 816. Other motor vehicle traffic accident involving two or more motor vehicles.
- 817. Motor vehicle traffic accident to occupant of motor vehicle in collision with pedestrian or pedal cycle.
- 818. Motor vehicle traffic accident involving collision with animal or animal-drawn vehicle.
- 819. Motor vehicle traffic accident involving collision with fixed or unspecified object.
- 820. Motor vehicle traffic accident while boarding and alighting.
- 821. Motor vehicle traffic accident to rider of motor cycle without antecedent collision.
- 822. Motor vehicle traffic accident involving overturning in roadway.
- 823. Motor vehicle traffic accident involving running off roadway.
- 824. Other non-collision motor vehicle traffic accident.
- 825. Motor vehicle traffic accident of unspecified nature.

CAUSES OF DEATH, ETC.—*continued.**Motor vehicle non-traffic accidents.*

- 830. Motor vehicle non-traffic accident to pedestrian.
- 831. Motor vehicle non-traffic accident to pedal cyclist.
- 832. Motor vehicle non-traffic accident to rider or passenger of motor cycle.
- 833. Other motor vehicle non-traffic accident involving two or more motor vehicles.
- 834. Motor vehicle non-traffic accident while boarding and alighting.
- 835. Motor vehicle non-traffic accident of other and unspecified nature.

*Other road vehicle accidents.*

- 840. Tram car accident to pedestrian.
- 841. Other tram car accident, except collision with motor vehicle.
- 842. Accident to pedestrian caused by pedal cycle.
- 843. Accident to rider of pedal cycle not involving collision with a motor vehicle.
- 844. Accident to pedestrian caused by other non-motor road vehicle.
- 845. Other non-motor road vehicle accidents.

*Water transport accidents.*

- 850. Submersion of occupant of small boat.
- 851. Other water transport injury by submersion.
- 852. Fall on stairs and ladders in water transport.
- 853. Other falls from one level to another in water transport.
- 854. Falls on same level in water transport.
- 855. Unspecified falls in water transport.
- 856. Machinery accident in water transport.
- 857. Other specified accidents in water transport.
- 858. Water transport accident of unspecified cause.

*Aircraft accidents.*

- 860. Accident to personnel in military aircraft.
- 861. Injury to occupant by accident to commercial "transport" aircraft.
- 862. Other injury in commercial "transport" aircraft.
- 863. Injury to occupant by accident to other specified aircraft.
- 864. Aircraft accident at airfield to person not in aircraft.
- 865. Aircraft accident elsewhere to person not in aircraft.
- 866. Other and unspecified aircraft accidents.

*Accidental poisoning by solid and liquid substances.*

- 870. Accidental poisoning by morphine and other opium derivatives.
- 871. Accidental poisoning by barbituric acid and derivatives.
- 872. Accidental poisoning by aspirin and salicylates.
- 873. Accidental poisoning by bromides.
- 874. Accidental poisoning by other analgesic and soporific drugs.
- 875. Accidental poisoning by sulphonamides.
- 876. Accidental poisoning by strychnine.
- 877. Accidental poisoning by belladonna, hyoscine, and atropine.
- 878. Accidental poisoning by other and unspecified drugs.
- 879. Accidental poisoning by noxious foodstuffs.

CAUSES OF DEATH, ETC.—*continued.*

- 880. Accidental poisoning by alcohol.
- 881. Accidental poisoning by petroleum products.
- 882. Accidental poisoning by industrial solvents.
- 883. Accidental poisoning by corrosive aromatics, acids, and caustic alkalis.
- 884. Accidental poisoning by mercury and its compounds.
- 885. Accidental poisoning by lead and its compounds.
- 886. Accidental poisoning by arsenic and antimony, and their compounds.
- 887. Accidental poisoning by fluorides.
- 888. Accidental poisoning by other and unspecified solid and liquid substances.

*Accidental poisoning by gases and vapours.*

- 890. Accidental poisoning by utility (illuminating) gas.
- 891. Accidental poisoning by motor vehicle exhaust gas.
- 892. Accidental poisoning by other carbon monoxide gas.
- 893. Accidental poisoning by cyanide gas.
- 894. Accidental poisoning by other specified gases and vapours.
- 895. Accidental poisoning by unspecified gases and vapours.

*Accidental falls.*

- 900. Fall on stairs.
- 901. Fall from ladders.
- 902. Other falls from one level to another.
- 903. Fall on same level.
- 904. Unspecified falls.

*Other accidents.*

- 910. Blow from falling or projected object or missile.
- 911. Accident caused by vehicle.
- 912. Accident caused by machinery.
- 913. Accident caused by cutting and piercing instruments.
- 914. Accident caused by electric current.
- 915. Accident caused by explosion of pressure vessel.
- 916. Accident caused by fire and explosion of combustible material.
- 917. Accident caused by hot substance, corrosive liquid, and steam.
- 918. Accident caused by radiation.
- 919. Accident caused by firearm.
- 920. Foreign body entering eye and adnexa.
- 921. Inhalation and ingestion of food causing obstruction or suffocation.
- 922. Inhalation and ingestion of other object causing obstruction or suffocation.
- 923. Foreign body entering other orifice.
- 924. Accidental mechanical suffocation in bed and cradle.
- 925. Accidental mechanical suffocation in other and unspecified circumstances.
- 926. Lack of care of infants under one year of age.



CAUSES OF DEATH, ETC.—*continued.*

927. Accidents caused by bites and stings of venomous animals and insects—
  - (a) Venomous snakes.
  - (b) Venomous spiders—
    - (i) Red back.
    - (ii) Funnel web.
    - (iii) Other and unspecified.
  - (c) Other venomous animals and insects.
928. Other accidents caused by animals.
929. Accidental drowning and submersion.
930. High and low air pressure.
931. Excessive heat and insolation.
932. Excessive cold.
933. Hunger, thirst, and exposure.
934. Cataclysm.
935. Lightning.
936. Other and unspecified accidents.

*Complications due to non-therapeutic medical and surgical procedures.*

940. Generalized vaccinia following vaccination.
941. Postvaccinal encephalitis.
942. Other complications of smallpox vaccination.
943. Post-immunization jaundice and hepatitis.
944. Other complications of prophylactic inoculation.
945. Complications of anaesthesia for non-therapeutic purpose.
946. Other complications due to non-therapeutic medical and surgical procedures.

*Therapeutic misadventure and late complications of therapeutic procedures.*

950. Therapeutic misadventure in surgical treatment.
951. Therapeutic misadventure in infusion or transfusion.
952. Therapeutic misadventure in local applications.
953. Therapeutic misadventure in administration of drugs or biologicals.
954. Therapeutic misadventure in anaesthesia.
955. Other and unspecified therapeutic misadventure.
956. Late complication of surgical operation.
957. Late complication of amputation stump.
958. Late complication of irradiation.
959. Late complications of other forms of treatment.

*Late effects of injury and poisoning.*

960. Late effect of motor vehicle accident.
961. Late effect of accidental poisoning.
962. Late effect of other accidental injury.
963. Late effect of self-inflicted injury.
964. Late effect of injury purposely inflicted by another person (not in war).
965. Late effects of injuries due to war operations.

CAUSES OF DEATH—*continued.**Suicide and self-inflicted injury.*

- 970. Suicide and self-inflicted poisoning by analgesic and soporific substances.
- 971. Suicide and self-inflicted poisoning by other solid and liquid substances.
- 972. Suicide and self-inflicted poisoning by gases in domestic use.
- 973. Suicide and self-inflicted poisoning by other gases.
- 974. Suicide and self-inflicted injury by hanging and strangulation.
- 975. Suicide and self-inflicted injury by submersion (drowning).
- 976. Suicide and self-inflicted injury by firearms and explosives.
- 977. Suicide and self-inflicted injury by cutting and piercing instruments.
- 978. Suicide and self-inflicted injury by jumping from high place.
- 979. Suicide and self-inflicted injury by other and unspecified means.

*Homicide and injury purposely inflicted by other persons (not in war).*

- 980. Non-accidental poisoning by another person.
- 981. Assault by firearm and explosive.
- 982. Assault by cutting and piercing instruments.
- 983. Assault by other means.
- 984. Injury by intervention of police.
- 985. Execution.

*Injury resulting from operations of war.*

- 990. Injury due to war operations by gas and chemicals.
- 991. Injury due to war operations by gunshot.
- 992. Injury due to war operations by grenade and land mine.
- 993. Injury due to war operations by bomb.
- 994. Injury due to war operations by marine mine, depth charge, and torpedo.
- 995. Injury due to war operations by explosion of artillery shell.
- 996. Injury due to war operations by explosion of undetermined origin.
- 997. Injury due to war operations by aircraft destruction.
- 998. Injury due to war operations by other and unspecified means.
- 999. Injury due to war operations but occurring after cessation of hostilities.

